



THE FLYNT GROUP INC.

ACTIONABLE KNOWLEDGE®

■ **Time and Lives:**
Active Shooter Casualty Triage and Collection

FlyntGroup.com



THE FLYNT GROUP INC.
ACTIONABLE KNOWLEDGE®

PO BOX 20111
KANSAS CITY, MO USA 64195
877.FLYNTGP (359.6847)
INFO@FLYNTGROUP.COM
WWW.FLYNTGROUP.COM

Flynt Group White Paper

Time and Lives: Active Shooter Casualty Triage and Collection

This Flynt Group White Paper addresses the challenges of casualty triage, collection, and evacuation during an Active Shooter mass casualty incident.

The evacuation of casualties during an Active Shooter incident may not occur until the crime scene is secure and the area is safe for medical personnel to respond. The development of detailed plans and procedures for casualty triage, collection, and evacuation can significantly improve treatment prioritization and the efficient use of valuable time.

Using specially trained medical personnel to treat and evacuate victims during the event can substantially increase survival rates. During the 2007 shootings at Virginia Tech, the use of tactical medics to conduct triage and limited, immediate intervention prior to neutralization of the threat was cited as a positive lesson learned.¹

We hope that this Flynt Group White Paper informs discussion and planning of casualty triage, collection, and evacuation by both private sector security departments and community first responders.

Flynt Group's mission is to equip our clients with *Actionable Knowledge*® to wisely manage their risk positions and achieve their goals across a broad spectrum of hazards and threats. Should we be able to provide any further information, please contact us at 816.243.0044, or via email at Info@FlyntGroup.com.

Sincerely,

Bill Flynt, Ph.D., LTC (R)
President
The Flynt Group, Inc.
“Actionable Knowledge”®

¹ Virginia Tech Review Panel. (2007). *Mass Shootings at Virginia Tech, April 16, 2007 Report of the Review Panel*. Richmond: Virginia Tech Review Panel.



Time, the Active Shooter, and Casualties

During an active shooter event, time is life. This is true from two perspectives. The longer the active shooter is attacking, the more casualties. The longer it takes medical personnel to reach the casualties, the more deaths. Historic ballistic wound data indicates that 67 percent of severe ballistic wound casualties die within thirty minutes of injury, with an estimated half of the total bleeding to death.² Therefore, the primary objective while responding to an active shooter must be to neutralize the threat. Only by neutralizing the threat are casualties limited, and more deaths prevented.

Care and extraction of casualties from the scene of an active shooter are of secondary importance until the threat is neutralized. Law Enforcement Officers (LEO), Special Response Teams (SRT) and Special Weapons and Tactics Teams (SWAT) should not stop and render aid to casualties they encounter until the threat is neutralized. Focusing on the primary objective of threat neutralization allows law enforcement to seize the initiative from the active shooter and decisively stop the violence creating the casualties.

The majority of emergency medical services (EMS) personnel are not trained and equipped to enter an unsecured active shooter crime scene, and could pose a tactical complication to responding officers engaged in neutralizing the threat. Typically, procedures may dictate that EMS waits until the threat is neutralized before they begin triage and evacuation work within the crime scene. As EMS crews wait to enter the area, the victims are losing valuable time.

Triage, Collection, and Evacuation

Triage is the process of sorting casualties to determine the priority of treatment and evacuation based on the severity of the casualties' conditions. Triage can be conducted at the point of injury and at casualty collection points. Simplified triage protocols may be used during mass casualty incidents (MCI) to identify *expectant* casualties who are beyond help; casualties who require *immediate* treatment; casualties whose treatment can be *delayed*; and casualties with *minor* injuries.

Evacuation is the initial movement of casualties from the point of injury to a casualty collection point and subsequent movement to medical treatment facilities. Evacuation routes should be established from point of injury to planned casualty collection points and onward to medical treatment facilities. Evacuation should be prioritized based on the results from the initial triage.

During the shootings at Virginia Tech in 2007, tactical medics assigned to SWAT teams conducted triage and immediate intervention inside Norris Hall twenty-nine minutes before the building was secured and primary medical responders were allowed to enter the building. Their actions significantly reduced the overall medical response time and saved lives.³

² Strawder, G. S. (2006, 2nd Quarter). The Golden Hour Standard: Transforming Combat Health Support. *Joint Forces Quarterly, Issue 41, 2nd Quarter*, pp. 60-67.

³ Virginia Tech Review Panel. (2007). *Mass Shootings at Virginia Tech, April 16, 2007 Report of the Review Panel*. Richmond: Virginia Tech Review Panel.



During a mass casualty incident, a coordinated plan for forward triage, collection, and evacuation of casualties can maximize available time and prioritize treatment.

Casualty collection points (CCPs) are identified in crisis response plans and are locations where casualties would be assembled for triage and initial treatment while waiting on evacuation to a medical treatment facility. Casualty collection points should be secure locations that are accessible to ambulances yet close enough to the point of injury to minimize physical transportation of casualties. It is always preferable, if possible, to move a casualty directly from the point of injury to a major medical facility to speed treatment; however, in mass casualty incidents transportation assets may be fully committed. A point of injury triage approach with subsequent movement to a CCP may save more lives by prioritizing the casualties for movement using scarce ambulances.

Planning considerations for triage, collection, and evacuation include:

- Triage marking system
- Movement of patients from point of injury to CCPs
- Identification of medical treatment facility capacity and capabilities
- Ground ambulance staging areas
- Ambulance loading zones accessible to the CCPs
- Traffic control around the CCP and evacuation routes
- Establishing a helicopter landing zone
- Tracking of patients by name for accountability purposes

Active shooter mass casualty incidents in high-rise buildings pose unique challenges to triage, collection, and evacuation efforts. These incidents pose the most difficult scenario and demand detailed planning, with procedures validated in multi-organizational exercises. Challenges include:

- Casualties may be located in multiple locations on multiple floors and in hidden areas
- Access by security, law enforcement, and EMS to upper levels may be restricted dependent on the availability of secured stairwells and elevators
- Buildings are not secure until the threat is neutralized, and a thorough search of the building to neutralize potential accomplices and hazards (e.g., improvised explosive devices) has been conducted

As responding officers clear individual floors, medical personnel may be able to deploy to a particular floor after it has been secured, but prior to threat neutralization. The decision to deploy medical personnel to conduct triage and evacuation before the threat is neutralized and the building is secured will be based on several factors, including the number of casualties and the ability to secure the triage and evacuation operations. The establishment of intermediate casualty collection points on separate floors may also be required to provide a secure location for immediate intervention and subsequent casualty movement to the primary CCP. The Incident Commander is responsible for the decision on when to allow medical personnel to go forward.



Tactical Medical Teams

In the wake of mass casualty incidents caused by active shooters, many metropolitan EMS departments have created tactical medical teams. These specially trained medical personnel can tactically follow the responding officers and more quickly access casualties in active shooter incidents, reducing treatment delays and potentially increasing survival rates.

Tactical medical teams, supported by responding officers, may be required to conduct floor-by-floor triage and prioritize the overall evacuation effort. Casualty triage, collection, and evacuation prior to neutralization of the threat require common tactics, validated procedures, and rehearsed execution. Multi-organizational planning, training, and exercise are essential to success.

This paper is a brief treatment of a complex, mission critical tactical response. Effective unity of effort of all responding organizations requires a programmatic approach that unifies all responding organizations through a comprehensive planning, training, and exercise initiative supported by leadership.

